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| **Issue Intake** |  |
|  | **Before getting started.** | **If you are a Stryker employee or a representative of a Stryker distributor in Russia, you should not use this form. Instead, please click** [**here**](https://app.convercent.com/en-us/LandingPage/b6bb4e84-9fcb-ea11-a974-000d3ab9f296) **to report an issue.** This form is to report an incident about workplace issues like bribery, corruption, financial and auditing concerns, ethical concerns, theft, substance abuse and unsafe conditions. You understand and acknowledge that this service is not an emergency hotline or a substitute for contacting law enforcement.The information you submit via this service may not be reviewed immediately. If you are facing a life-threatening emergency or believe you are facing the threat of imminent bodily harm, please contact your local police or emergency responders immediately.  |
| \* | **Consent to personal data processing** | By submitting this report, you consent for your personal data to be processed and understand and acknowledge that any personal data submitted is subject to localation methods as well as other requirements of the Federal Law of the Russian Federation on Personal Data (No. 152-FZ). This data is collected, processed, stored in order to comply with legal obligations Stryker is subject to such as, but not limited to, the US Foreign Corrupt Practices Act, other applicable international or local anti-bribery laws, laws regulating Healthcare Professionals’ interactions and transparency laws. The processing is necessary for the purposes of the legitimate interests of Stryker, and it is necessary for the establishment, exercise or defense of legal claims.[ ]  **I understand and acknowledge the above, and I provide the consent to personal data processing.** |
| \* | **Nature of Report:** | **Which of the categories below best describes the nature of your report?**Choose an item. |
|  | **Country Of Event**  |  |
| \* | CIC | Complaint Intake Center  |
| \* | Awareness Date  | When Stryker Employee first becomes aware of this issue event or complaint.  |

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| **Event Details** |       |
|  | **Event Date** | **Please indicate when the issue occurred:**Click or tap to enter a date.**If the date is unknown, please provide a general time frame (e.g. ‘last week’):** |
| \* | **Tell us what happened.** |  |
| \* | **Who was involved?** |  |
|  | **Department, Division or Organizational Unit** | Choose an item. |
| \* | **Please indicate where the issue occurred (City/State, County)** |  |

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| **Reporter’s Information** |       |
| \* | **How are you connected to Stryker?** | Choose an item. |
| \* | **Would you like to share your name and contact information to help us get in contact with you regarding your report?** As a reminder, Stryker prohibits retaliation against any individual who in good faith raises a report of potential misconduct or potential violations of the law. | Choose an item. |
|  | **Name:** |  |
|  | **Email:**  |  |
|  | **Phone Number:**  |  |

\* Mandatory Fields